

Medical Direction Committee Minutes
The Place at Innsbrook
October 12, 2006
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Kimberly Mitchell, M.D.	Norman Rexrode, M.D.	Warren Short	David Cullen
Sabina Braithwaite, M.D.	Cheryl Haas, M.D.	Tom Nevetral	Becky Callaway
William Hauda, M.D.	Kenneth Palys, M.D.	Scott Winston	Matt Dix
Dave Garth, M.D.	Barry Knapp, M.D.	Greg Neiman	Keltcie Delamar
Cheryl Lawson, M.D.	David Lander, M.D.	Michael Berg	Heidi Hooker
Theresa Guins, M.D.	John Potter, M.D.		
James Dudley, M.D.	Drew Garvie, M.D.		
Peter Bruzzo, M.D.	Janet Henderson, M.D.		
Mark Franke, MD.	Asher Brand, M.D.		
Charles Lane, M.D.	Carol Gilbert, M.D.		
	George Lindbeck, M.D.		
	Stewart Martin, M.D.		
	Bethany Cummings, D.O. (excused)		
	Scott Weir, M.D.		
	Ace Ernst, M.D.		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	Kim Mitchell, M.D. called the meeting to order at 10:45 A.M.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves.	
3. APPROVAL OF MINUTES	The minutes from the July 13, 2006 meeting were approved.	Motion by Peter Bruzzo, M.D. to accept the minutes as recorded and seconded by James Dudley, M.D...Motion Passed
4. NEW BUSINESS		
a. Medications & Procedures Schedule Request from Dr. Harvey (see Dr. Harvey Letter)	<ol style="list-style-type: none"> Item #26 (Bretylum) on the EMS Medications Schedule should be removed, Bretylum is no longer made... Medical Direction committee approved the removal of Bretylum. Request the addition of IV Zofran to the <i>EMS Medications Schedule</i> at the EMT-Intermediate and EMT-Paramedic levels... 	Motion made by William Hauda, M.D. and the motion was seconded by Sabina Braithwaite to add Zofran to the <i>EMS Medications Schedule</i> for IV and IM administration at the <u>Intermediate and Paramedic OPTIONAL</u> levels and to remove Bretylum from the <i>EMS Medication Schedule</i>...

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<p>b. Update to Medication & Procedures Schedules</p> <p>c. Medical Control Hospital Discussion</p>	<p>3) Request the additional skill of IM medication administration for EMT-Basic level...</p> <p>In addition, Dr. Harvey requested clarification regarding the issue of Epinephrine 1:1,000 injections utilizing a 1 cc tuberculin syringe at the EMT-Basic level...</p> <p>Discussion allowing EMT-Basics to draw up medication (Epinephrine 1:1000) in the field has been and remains a major concern of the Medical Direction Committee. The use of an auto-injector will remain the approved method for EMT-Basics to administer Epinephrine 1:1000 in the event of an anaphylactic reaction (See <i>Position Paper: Epinephrine Use by Pre-Hospital Providers</i> (approved by the Governor's Advisory Board 05—06-2005) .</p> <p>Bretylium will be removed from the <i>EMS Medication Schedules</i> and based upon the above motions the schedule will be updated as below:</p> <p>11 Epinephrine 1:1000 (Omit the “X” under EMTBO) 12 Epinephrine Pt. Assisted other (ADD) “Auto-injector” and place “X” under EMTBE 26 Bretylium (Removed) ADD Zofran (Added under EMTIO and EMTPO)</p> <p>Early discussions called for a footnote at the bottom of the schedule to add “Auto-injector” but it was determined that it would be “lost” at the bottom of the page.</p> <p>Mark Franke, M.D. asked a question concerning guidance on the ambulance making contact with hospital #1 which is the Medical Control hospital and the unit continues on to a different hospital. It was asked if this is an issue in other areas. It was asked if there is a state policy/regulation that dictates that a provider must use the hospital where medical control was contacted. Michael Berg advised that there was not a regulation addressing this issue.</p>	<p>Motion passed.</p> <p>Motion by Mark Frank, M.D. and seconded by Cheryl Lawson, M.D. to <u>decline</u> the request to allow IM injections on the <i>EMS Procedures Schedule</i> at the EMT-Basic level ... Motion passed.</p> <p>Motion by James Dudley, M.D. and seconded by Sabina Braithwaite, M.D. to add “auto-injector” to the <i>EMS Medications Schedule</i> item #12...Motion passed.</p>
5. OLD BUSINESS		
a. AHA/VDH Stroke Systems Plan	<p>Keltcie Delamar was on-hand to give the committee an update on the stroke plan. Keltcie advised that the AHA had surveyed all of the hospitals in the Commonwealth and developed a map that identified the acute care level of the hospitals.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
b. FARC Recommendations for New Technologies Discussion	<p>James Dudley, M.D. suggested that the Medical Direction Committee have guidelines to evaluate new technologies and a possible solution would be to have the State OMD review drugs and devices for appropriateness as a responsibility and bring back to the Medical Direction Committee for further input. The following physicians agreed to serve on the Emerging Technology Sub-Committee:</p> <ul style="list-style-type: none"> • Charles Lane, M.D. • James Dudley, M.D. • Mark Franke, M.D. • Theresa Guin, M.D. <p>The sub-committee members and other interested parties should contact Tom Nevetral via e-mail with suggestions for this group. Tom Nevetral will contact FARC to determine what their needs are in relationship to this area and the sub-committee is expected to meet via webinar format in the near future.</p> <p>It was also suggested that Kim Mitchell, MD Chairperson contact Joe Ornato, M.D. to determine if he or a research fellow would be interested in addressing his Auto-Pulse Study at the next meeting.</p>	<p>James Dudley, M.D. made a motion to establish a sub-committee (Emerging Technology Sub-Committee) made up of physicians to review emerging technologies that may require state monies. Seconded by Mark Franke, M.D...Motion passed.</p>
c. Draft of State OMD Responsibilities	<p>Scott Winston updated the committee on the State OMD Responsibilities (Contract) and advised that the present OMD contract expires December 31, 2006. Tasks for an RFP for the State OMD are being finalized now. The existing scope of services can be extended if the RFP is not completed by January 1, 2007.</p> <p>This would be a full-time State OMD position (only four states have full-time OMDs). It is important to get feedback from the Medical Direction Committee on the scope of services for the new state OMD position. Therefore it is Scott's intentions to put the DRAFT scope of services document to the MDC members for comment. He anticipates that the draft document will be available for comment in the next 30 - 45 days.</p>	
d. Pandemic Influenza Focus	<p>Tom Nevetral advised the committee that the Office was preparing an EMSAT presentation on the Pandemic Flu and was utilizing a VDH Epidemiologist from Southwest Virginia who is also an EMS provider, Ms. Delilah Long.</p>	
e. Clarification on Epi-pen© Administration by EMT-Basics	<p>It was suggested that the <i>Position Paper: Epinephrine Use by Pre-Hospital Providers</i> (approved by the Governor's Advisory Board 05-06-2005) again be distributed supporting the use of the auto-injector (Epi-pen©) by EMT Basics.</p>	
f. National Scope of Practice Impact Sub-Committee	<p>It appears that the previous National Scope of Practice Sub-Committee has stalled and not met since there first meeting that was held on May 11, 2006. There was a motion to establish a new sub-committee that will consist of the following members:</p> <ul style="list-style-type: none"> • Peter Bruzzo, M.D. Chair • George Lindbeck, M.D. • Stewart Martin, M.D. • George Brown, At-Large 	<p>Motion by Mark Franke, M.D. and seconded by Peter Bruzzo, M.D. that three physicians from the MDC and one at large position make up the National Scope of Practice Impact Sub-Committee...Motion passed.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
g. Regulations Update	<p>The DRAFT Regulations have been promulgated to the Virginia Town Hall and are “open for comment”. The comment session closes on November 18th. The Draft Med Evac regulations have also been completed.</p> <p>When an Operational Medical Director suspends an EMS provider for patient care issues the Office of EMS <u>must</u> be notified of the suspended action so that the Office can make a determination of whether to open a compliance file on the EMS provider. OMDs are reminded that this reporting is mandatory.</p>	
6. ALS Training Funds Update	Chad Blosser advised that \$755,000 has been spent on EMS education this year.	
7. Accreditation Update	<p>Chad Blosser reported that there are three new Intermediate accredited sites:</p> <ul style="list-style-type: none"> • Norfolk Fire & Rescue • Rappahannock Community College • Patrick Henry Community College <p>Chad Blosser stated that the Office was attempting to purchase 28 SimBaby’s that will interface with the existing SimMan’s that have been purchased for the existing accredited sites.</p>	
8. NREMT Computer Based Testing Update	Tom Nevetral advised that NREMT Computer Based(CBT) testing was on schedule to begin on January 1, 2007. CBT will affect the method that written testing is conducted. NREMT practical testing will not change from the way that it is presently done. The Office will be conducting a webinar in November to advise all of the Intermediate and Paramedic Program Directors the steps that the Office will be taking to assist with a smooth transition of the process.	
9. Curriculum Review		
a. ALS	<p>Tom Nevetral advised the committee that the Intermediate Curriculum Peer Review Committee met for he second time and discussed several issues:</p> <ul style="list-style-type: none"> • Presently the Intermediate Curriculum is established at 204 hours for didactic and lab. Of the programs represented only one advised that they conduct their program at 204 hours. The average is 292 hours for didactic and lab. • Discussion continuing on identifying specific numbers for lab skills rather than utilizing an hour requirement. • Currently there is a policy that allows prior experience be allowed for one year from the start of the program be increased to two years from the start of the program. • Discussion to allow the competency requirement for ventilating the non breathing / non intubated patient is met by utilizing one of the MDC approved airway manikins. <p>Once the committee has completed their recommendations they will be presented to the Medical Direction Committee for review.</p>	
b. BLS	<ol style="list-style-type: none"> 1. The Professional Development Committee had a report from the 5 Competency-based EMT-B Pilot Programs that they are working together and the programs that have completed have 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>had a high success rate.</p> <ol style="list-style-type: none"> 2. Committees: <ol style="list-style-type: none"> a. The Intermediate Curriculum Review Committee, BLS Curriculum Committee, BLS Test Committee, BLS Evaluator Committee and Instructor Credentialing Committee have all recently met and have begun their review process. 3. The Professional Development Committee finalized a survey to be given to all students at BLS and ALS test sites. The purpose is to collect data on their courses and the instructors. 4. Two related requests were received by the Professional Development Committee related to the Current Pilot Programs. The Regional Executive Directors Group requested that we accept 4 rural courses into the Competency-based Pilot and ODEMSA requested to pilot a similar process using ALS Coordinators to coordinate EMT-B Programs in a 1 year study. The committee voted to approve the Directors' request and then amended that motion to include part of the ODEMSA request. <ol style="list-style-type: none"> a. The motion as approved by Professional Development Committee was: <ol style="list-style-type: none"> i. MOTION: That we have a separate pilot program for the rural areas to include Gary Dalton in LFEMS Region, Connie Purvis in the BREMS Region, a course in the PEMS Region, and courses in the ODEMSA Region. The maximum number of courses in the rural areas will not exceed 10 and 2 of the courses MUST be offered in very rural areas. The courses offered in the rural areas will follow the previous established guidelines of the Pilot including competencies, documentation and reporting and will end in 2 and a half years. 5. Concerns regarding the BLS (AED) Practical Station were forwarded to the Professional Development Committee. Concerns were raised that the American Red Cross is going to roll out new CPR guidelines that deviate dramatically from the AHA. As a result of these concerns the PDC made the following motion: <ol style="list-style-type: none"> a. MOTION: Suspend the BLS(AED) Practical Station for EMT-B & First Responders for up to 1 year until all of the guidelines can be clarified. <p>A joint statement from Regulation and Compliance and Division of Educational Development will be issued by the Office of EMS and will indicate on what date the BLS (AED) Station is officially suspended.</p> 	
2007 Meeting Dates	<ul style="list-style-type: none"> • January 18, 2007 • April 12, 2007 • July 12, 2007 • October 18, 2007 (moved from October 11 to accommodate national meeting conflict) 	
16. PUBLIC COMMENT	None	
17. GOOD OF THE ORDER	The new Prehospital Patient Care Report (PPCR) has the requested Cincinnati Stroke Scale as well as a line to capture the event time. The Chair recognized and welcomed Mr. Tim Perkins who just	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	started work with the Office of EMS and the new EMS Planner working with the Regional Councils.	
18. ADJOURNMENT	NEXT MEETING January 18, 2007 10:30 A.M. Richmond Marriott West	